

## PRV – Outreach MediPASS Provider Terminations

### Purpose:

The purpose of this procedure is to process MediPASS Provider Terminations.

### Identification of Roles:

Primary Role - Provider Services and Member Services staffs will perform this procedure. Outreach and Education staff will be notified also.

### Performance Standards:

N/A

### Path of Business Procedure:

#### Step 1: Receive the written request to terminate from Providers.

- a. Provider Services receives a scanned image of the written request to terminate a single or multiple Iowa Medicaid MediPASS providers from the mailroom or via fax in OnBase in PRV02 “MediPASS Agreement”
- b. Request received via email must be printed into OnBase.

#### Step 2: Review request to determine the reason for termination.

- a. A Provider Outreach Coordinator reviews the written request to determine the reason for the termination.
- b. The termination is updated in the Medicaid Management Information System (MMIS) by changing the following information in the provider file:
  1. On MMIS type ‘C’ for change and then type the provider legacy number and then press Enter.
  2. On screen 3 of the Provider file on MMIS, ‘Maximum’ will be changed to 1.
  3. Also on screen 3 ‘Current/New’ will be changed to ‘C’ for current and then press Enter *twice*.
  4. The terminated provider’s information along with the reason for termination will be entered into the Termed Provider spreadsheet used to complete the Managed Health Care (MHC) Quarterly Report. Found in the MHC/termedprovider.
  5. Notice of the termination will then be e-mailed to Member Services so members can be disenrolled.
- c. Provider Outreach staff will:
  - a. Monitor adequate MediPASS access within the county.
  - b. Monitor provider terminations that might be related to dissatisfaction with MHC.
- d. Member services will disenroll members from the provider by using file 16 on MMIS, MHC Enrollment and Inquiry
  1. Once in File 16, choose selection 2.
  2. Input the provider identification (ID number) and then *Enter*.
  3. Verify correct provider name and location and then *F10*.

**Step 3: Day 2**

- a. Member services will verify that all members were disenrolled from the provider by checking the Provider File on MMIS.
  1. On the Provider File, the 'MPASS current' field should be vacant.
  2. If there are still members enrolled with the provider, they must be identified and manually disenrolled.
- b. If all members were disenrolled, the termination e-mail will be returned to Provider Outreach staff.
  1. The field MPASS 'Y' will now be updated to 'N' in screen 3 of the Provider file on MMIS, then press Enter **twice**.
- c. Member Services will note which counties have termed providers so the updated daily provider listing changes can be distributed to their phone staff.

**Step 4: Day 3**

- a. Day 3 is the second Monday after the last month that the members were enrolled with that provider (i.e. if members were enrolled for June, then this step will be done on the 2<sup>nd</sup> Monday in July).
- b. Provider Outreach staff will change MPASS-FEE from 'Y' to 'N' in screen 3 of the Provider file on MMIS, then press Enter **twice**.

**Forms/Reports:**

Termed MediPASS Providers

**RFP References:**

N/A

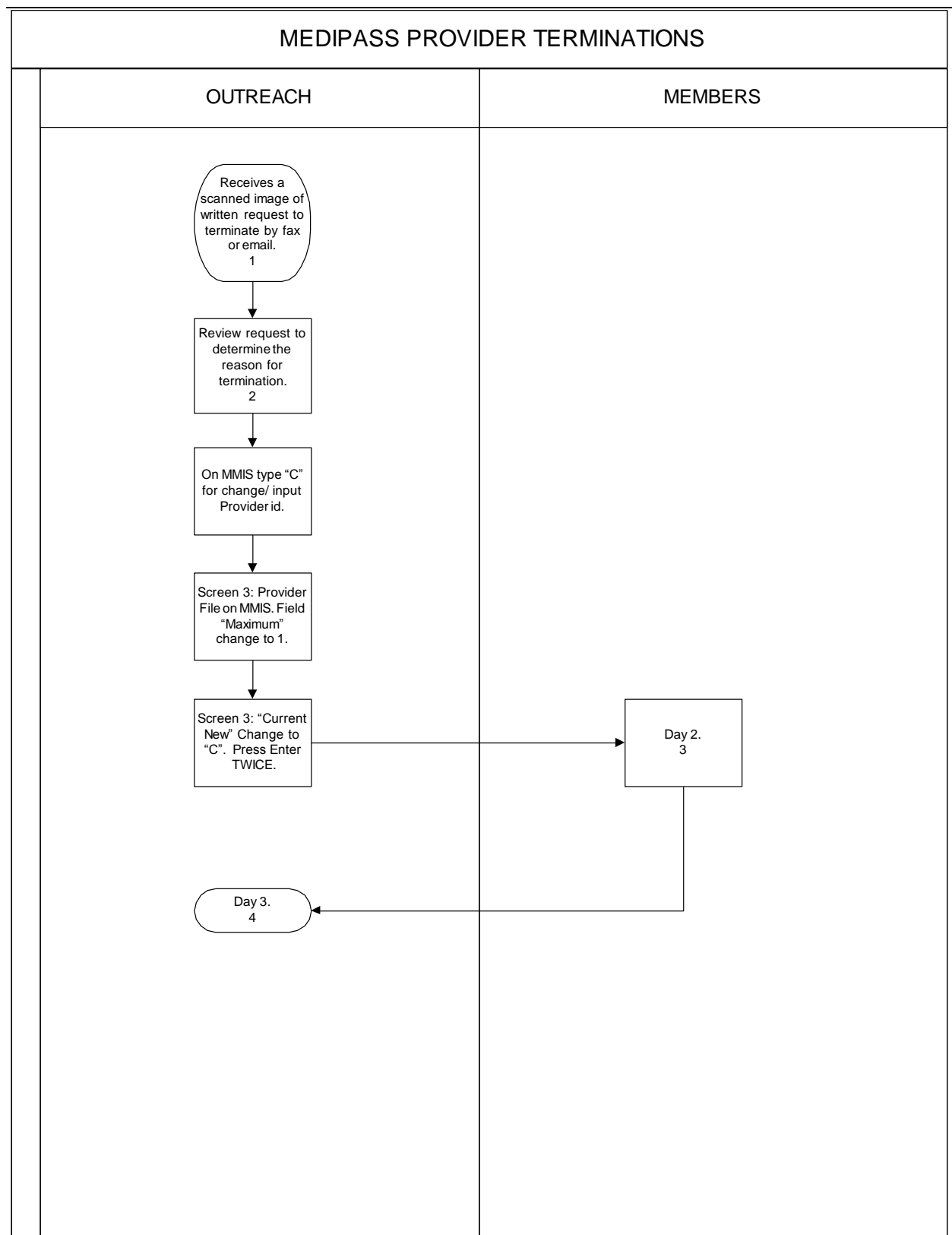
**Interfaces:**

N/A

**Attachments:**

Process Map

Termed MediPASS Providers



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## Termed MediPASS Providers

Date	Provider	Provider	Affiliation	Reason for
	Number	Name		Termination